

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM
 OVER AGE CHILDREN OF STATE ACTIVE AND RETIRED GROUPS
 RATES EFFECTIVE 1/1/2013-12/31/2013

PLAN/COVERAGE DESCRIPTION	Monthly Rate	
	EMPLOYEES WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN*	RETIREES WITH PRESCRIPTION DRUG PROVIDED THROUGH MEDICAL PLAN**
<u>AETNA FREEDOM10 #018</u>		
Single	N/A	\$435.62
<u>NJ DIRECT10 #050</u>		
Single	N/A	\$411.65
<u>AETNA FREEDOM15 #180</u>		
Single	\$389.01	\$419.06
<u>NJ DIRECT15 #150</u>		
Single	\$385.99	\$391.99
<u>AETNA #019</u>		
Single	\$391.53	\$419.90
<u>HORIZON HMO #011</u>		
Single	\$388.45	\$416.59
<u>AETNA FREEDOM1525 #063</u>		
Single	\$372.65	\$381.28
<u>NJ DIRECT1525 #051</u>		
Single	\$369.71	\$378.10
<u>AETNA HMO1525 #061</u>		
Single	\$375.10	\$390.28
<u>HORIZON HMO1525 #053</u>		
Single	\$372.11	\$387.22
<u>AETNA FREEDOM2030 #064</u>		
Single	\$356.32	\$362.04
<u>NJ DIRECT2030 #052</u>		
Single	\$353.55	\$359.06
<u>AETNA HMO2030 #062</u>		
Single	\$358.61	\$373.84
<u>HORIZON HMO2030 #054</u>		
Single	\$355.81	\$370.96
<u>AETNA HD4000 #092</u>		
Single	\$215.31	\$215.31
<u>NJ DIRECT HD4000 #090</u>		
Single	\$204.98	\$204.98
<u>AETNA HD1500 #093</u>		
Single	\$294.34	\$294.34
<u>NJ DIRECT HD1500 #091</u>		
Single	\$279.03	\$279.03

* Premium includes cost of SHBP medical plan and SHBP Employee Prescription Drug Plan.

** Prescription Drug coverage administered by Express Scripts

*** Premiums for High Deductible Health plans #090, 092, 094, 091, 092, 095 include medical and prescription drug coverage. Enrolled members cannot enroll in any other prescription drug plan

***Employer funding for health savings accounts will not be available for high deductible plans #091, 093 and 095

For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York